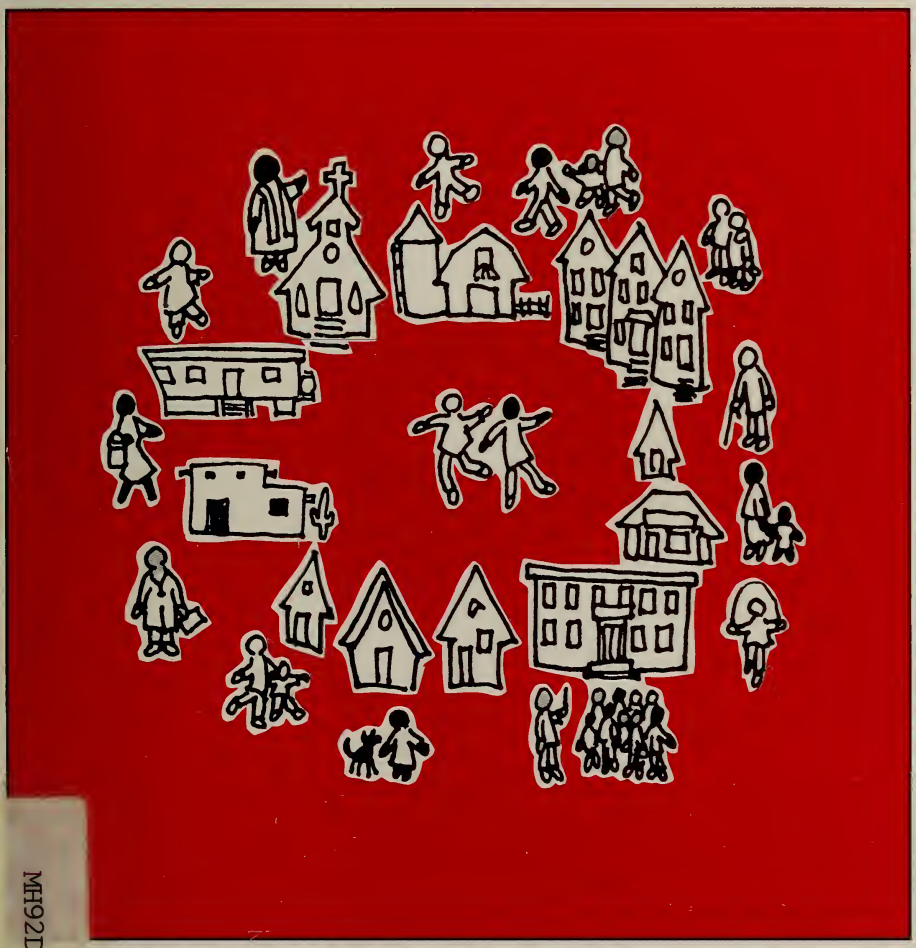
Office for Substance Abuse Prevention

Turning Awareness Into Action

What Your Community Can Do About Drug Use In America



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

Other publications available in the

OSAP Drug-Free Communities Series

What You Can Do About Drug Use in America

Provides a comprehensive overview of drug use and what can be done about it. This booklet is directed toward the individual, specifically toward parents, since change in the community needs to be reinforced by change at home.

Prevention Plus II: Tools for Creating and Sustaining a Drug-Free Community

Provides a framework for organizing or expanding community alcohol and other drug prevention activities for youth into a coordinated, complementary system. This booklet is written for persons from the community who are serious about prevention and in a position to assist in organizing a community effort.

Citizen's Alcohol and Other Drug Prevention Directory: Resources for Getting Involved

Lists more than 3,000 local, State, and Federal agencies dealing with alcohol- and other drug-related topics. This national directory is intended to be a regional volunteer guide, where ordinary citizens may go to find agencies that may need their volunteer services.

OSAP

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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Introduction

The Office for Substance Abuse Prevention (OSAP) of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) realizes that public opinion and society's attitudes can help shape, or erode, its efforts to prevent the problems posed by the use of alcohol and other drugs (AOD) in the United States.

We are beginning to see some positive results from prevention efforts, although AOD use in our country remains a chronic and devastating problem.

According to recent surveys, both adults and young people believe that AOD problems are important and need to be prevented. For instance:

- The February 1990 Scholastic/CNN Newsroom Survey on Student Attitudes about Drug and Substance Abuse revealed that 50 percent of America's youth describe as serious their concern about alcohol and other drug abuse.
- The 1988 Drug Use, Drinking, and Smoking: National Survey Results from High School, College, and Young Adult Populations showed that high school seniors who said they see "great risks" associated with trying cocaine once or twice jumped from 34 percent in 1986 to 51 percent in 1990.
- From 1978 to 1990, the proportion of seniors who said they think that regular marijuana use carries great risk more than doubled, from 35 percent to 77 percent.
- There was an increase in the proportion of seniors who see all types of illegal drugs as carrying great risks for the user.
- Current (within the past 30 days) cocaine use by high school seniors is down from 3.4 percent in 1988 to 2.8 percent in 1989. (1) (However, this survey does not include school dropouts, a population at high risk for AOD use.)
- Since 1980, fewer young people have been using marijuana. The result is a leveling off in the use of this drug. (2)

We must continue to increase awareness of the problems created by AOD use. But awareness alone is not enough. To make a difference, public awareness must be transformed into public action at the community level. Communities around the country must take action that discourages young people from using alcohol, tobacco products, and other drugs. The same kind of action is needed to discourage all people from using illegal drugs and from abusing prescription and over-the-counter drugs. We must support no use of any illegal drug, and no high-risk or illegal use of alcohol and other legal drugs.

Young people are especially vulnerable to becoming AOD users and to encountering associated problems. We are not talking only about dependency and addiction. There are many other problems related to AOD use by youth and to the high-risk use of alcohol, prescription drugs, and illegal drugs by adults: academic underachievement, loss of school and job opportunities, loss of wages and unemployment, property damage, fires, automobile crashes, loss of relationships with family and friends, running away, desertion, homelessness, teenage pregnancy, physical and emotional abuse and neglect, sexual abuse, other forms of violence and crime, physical and mental illness, suicide attempts, and death.

We have an unprecedented opportunity to capitalize on the public's interest in prevention. The media and many national leaders are drawing public attention to AOD-related problems. For example, the tragic drug overdose deaths of actor John Belushi and sports star Len Bias, and the increased violence which accompanies drug dealing have gotten the attention of many American communities.

As parents, young adults, and other concerned individuals, we need to capitalize on the positive trends in attitudes and behaviors and show that we are serious about prevention. But how? Programs aimed at preventing or reducing AOD use among youth often fail because they are not supported by other programs, activities, and messages, and because they must compete with an environment that permits, and sometimes even condones, AOD use.

We need to work together to eliminate aspects of our communities that tolerate young people using alcohol and other drugs. To bring out the best in our youth, we must create an environment that protects them from AOD use. OSAP planned this booklet to help you start building such an environment in your community.

Turning Awareness Into Action: What Your Community Can Do About Drug Use in America is for anyone concerned about preventing AOD problems at the community level, including parents; teachers; young adults; health, social, and public service providers; business women and men; members of religious organizations; and other groups. You can serve as the catalyst for action. You can build a network and, together with others in your community, create and launch effective prevention initiatives.

The booklet gives examples of successful community prevention programs, as well as guidelines for finding out more about your community's prevention needs and taking action. It also includes lists of government and non-government prevention resources, and background information on the problems caused by AOD use among youth.

OSAP has developed other materials which you can obtain free of charge from OSAP's information component, the National Clearinghouse for Alcohol and Drug Information (NCADI). For copies of Prevention Plus II: Tools for Creating and Sustaining a Drug-Free Community; Citizen's Alcohol and Other Drug Prevention Directory: Resources for Getting Involved; or the NCADI Publications Catalog, write to:

National Clearinghouse for
Alcohol and Drug Information
(NCADI)
P.O. Box 2345
Rockville, MD 20852

or call

1-800-SAY-NO-TO(DRUGS)
1-800-729-6686.

We all share the responsibility for a generation of young people at risk for AOD-related problems. Viewing AOD use as an individual user's fault or weakness is failing to recognize the important role that our environment plays in how we behave. We hope that you—parents, teachers, young adults, and other community members—are becoming more concerned about children living in environments that accept, condone, and sometimes even encourage their use of chemicals at increasingly younger ages to "have fun," "make friends," and cope with difficulties.

By turning awareness into action, every community in America can become free of AOD problems. Communities linked together that take seriously the responsibility to protect themselves and each other will enable our Nation to thrive.

Elaine M. Johnson, Ph.D.
Director
Office for Substance Abuse Prevention

Taking Action

What Others Have Done

During the past 10 years, extensive research has been done to learn more about the problem of AOD use by youth and to find ways of preventing it. Individuals and communities across the country are taking action and starting prevention programs by drawing on available information and their own commitment, resources, and creativity. Different community needs result in different approaches to prevention, as the following examples illustrate.

Project Graduation

Project Graduation started in Maine in 1980 and has become a national success. High schools across the Nation are adopting its strategy of providing high school students with an AOD-free graduation party, thereby reducing the number of automobile crashes that often accompany this and other celebrations.

In 1979, seven teenagers in a small Maine community were killed in alcohol-related automobile crashes two weeks before graduation. This tragedy moved several members of the community to action. Although the initial idea of a drug-free graduation party was not popular, they held one anyway. Community businesses funded a large party at a local health club with saunas, swimming, and dancing. Their project was successful, and that graduation season was cause for celebration. In 3 years, the idea spread to 86 schools in Maine and began to catch on in other States.

Currently, Project Graduation operates in high schools in all 50 States and has saved many lives. It helps young people develop ways of socializing without alcohol and other drugs and learn healthy habits while they have a good time. More and more graduating seniors are choosing to have chemical-free parties not just for graduation, but also for homecoming, carnivals, and other popular high school events.(3)

Project Graduation
National Highway Traffic Safety Administration
U.S. Dept. of Transportation
400 Seventh St., SW, NTS-21
Washington, DC 20590

What's the Difference Between Use and Abuse?

The Office for Substance Abuse Prevention believes that for youth under 21, there is no difference between AOD use and abuse. AOD use by young people puts their physiological, intellectual, and social functioning at risk. More than 4.6 million teenagers, or one-third of all American teenagers, have serious health, school, legal, or social difficulties related to their use of alcohol and other drugs. (4)

Oakland Parents in Action

Joan Brann, of a mostly African American neighborhood in Oakland, California, was troubled by the drug problem in her inner-city community. Several drug-related murders and a deep pride in her community motivated her to attend local community council meetings and church groups to investigate ways of addressing the problem.

Joan became convinced that the best way to deal with Oakland's drug problem was to focus on the children and try to prevent the problem from starting. Frustrated by a lack of progress in her community, she found support from a Bay Area nonprofit organization specializing in drug prevention and educational development. The organization helped her write a proposal to the San Francisco Foundation for a parent group mobilization project in North Oakland.

In her proposal, she said that the special needs of low-income, minority families were still not being addressed, although strategies for preventing AOD problems had improved. She proposed to test and develop methods that would make the parent group organizing approach appropriate for low-income, ethnic neighborhoods.

The project was approved and became "Oakland Parents in Action" (OPA). OPA was unique in several ways. First, it sought to involve parents, educators, and community leaders at all levels in the fight against drug use. OPA participants began to form a new kind of network by addressing the needs of their own community. Second, OPA participants had to help community members find practical ways of solving immediate

problems. For families with low incomes, support meant helping parents meet basic needs such as finding a job, good child care, or a place for children to play without fear of violence. For middle-income families whose basic needs already were met, support could mean holding an evening meeting to discuss the consequences of children using drugs.

In 1984, Nancy Reagan met with members of the OPA committee during a visit to California. Her interest brought the project media attention and spread the word about OPA, making it a model for other American communities. OPA has since disbanded.

An Environment of Use

The strong presence of alcohol and other drugs in our culture is evident on our streets and in our television shows, advertising, billboards, home life, and work life. Young people receive messages from many sources that AOD use is acceptable. Think about it: What type of impression do children get when they walk past three liquor stores in the same block on the way to school? When they see far more commercials for alcoholic beverages than public service announcements warning about the health risks of drinking? When they see that most major sporting events are sponsored by the alcohol and tobacco industries? When they know that over-the-counter and prescription drugs are widely promoted to help solve minor aches and pains, to lose weight, or to look better? When they hear about celebrities admitting to being dependent on drugs? And when their parents or their friends' parents are AOD users? Many young people might conclude that AOD use fits into an exciting and successful lifestyle, and it is the adult way to fix problems and have fun.

Supply and Demand

As long as there is demand, there will be supply, and there is a huge demand in this country for all kinds of drugs—from analogs or designer drugs produced illegally to plant extracts smuggled across borders. One of our most important jobs is to reduce the demand for these substances. This is a tremendously difficult task, because drugs are big business. There is so much money to be made that suppliers will tolerate a great deal of risk.

PRIDE

Another example of community action is "Parent Resource Institute for Drug Education" (PRIDE). The PRIDE Parent-School Team is a comprehensive approach to prevention which communities across America are using successfully. PRIDE joins parents and teachers in the shared goal of preventing AOD use among students by fostering a belief in self-help, and by promoting attitudes of non-blaming and "we can make a difference." Parents and teachers learn how to get support from other sectors of the community and to involve as many people as possible.

PRIDE begins by forming teams of concerned parents who conduct an in-school survey to learn the truth about the AOD problem in their school and community. PRIDE uses this information as a starting point to educate parents and teachers on the extent of AOD use in their community and on effective prevention strategies.

The next step is a Community Alert which entails organizing workshops and drug awareness weeks. Different sectors of the community—including the news media, school system, PTA, law enforcement and judicial system, elected officials, and medical and business associations—work together to educate the community about AOD problems, and to create clear messages that will help prevent AOD use among young people.(5)

PRIDE
50 Hurt Plaza
Suite 210
Atlanta, GA 30303
(404) 577-4500

What You Can Do In Your Own Community

As the project examples suggest, many people around the country are taking action. Their success shows how productive prevention can be, even on a small scale. You can start making a difference now in your own family and community. You don't have to wait until someone outside your community launches a major prevention program.

As a parent, teacher, young adult, or other community member concerned about AOD use by youth, there are a number of steps you can take. In fact, there are so many possibilities that you may find yourself feeling overwhelmed and confused about what to do—or what to do first. To make the job easier, we've identified the major segments of the community that have a role to play in preventing the problem of AOD use by youth. We provide questions you can ask to find out more about prevention activities that may be already underway in each segment. We also give suggestions for actions you can take to promote prevention within each segment.

Things to Keep in Mind

After you read the questions and suggestions for all of the community segments, think about the segments you know best through your daily activities. With which segments are you and your friends or coworkers involved? Which segment do you feel most comfortable approaching to begin taking action? Where can you make a difference?

Next, think about action steps that make the most sense for you. Which actions would feel satisfying and rewarding to you? Which ones can you realistically take on without becoming overly stressed? Which actions can you complete by yourself? To which actions would your friends or coworkers be willing to contribute? What connections do you have that could help you?

To avoid burnout and frustration, start with the smaller steps. Don't take on or expect too much. Creating prevention partnerships and strategies that work takes time. Keep your goals in mind and stick with the actions that will help you reach them. Ask for help if you need it. You'll find that many of your friends and coworkers are as concerned as you are and that they, too, want to protect your community and its children from the effects of AOD use.

Community Programs That Work

The most promising approaches to dealing with AOD problems are comprehensive, self-managed, tailored to the community, and try to reach every part of the community. Successful prevention programs appear to take into account society's norms and values; national policies; State and local laws; law enforcement practices; school policies; health professional practices; media messages; community group activities; and parents' and children's beliefs, attitudes, and behaviors. The sharp decrease in AOD-related traffic deaths in recent years is an example of the results of a comprehensive approach to prevention.

Each community has different needs and strengths. To create prevention efforts that work and are long-lasting, the community itself needs to be involved. Experience has shown that the most successful prevention efforts are those that let the community solve its own problems. Individuals, institutions, and communities must not become dependent on outside professionals or program models whose withdrawal will return the community to its original condition.

When outside professionals are brought in, their role should be to transfer knowledge, skills, and resources to the community. This transfer can be accomplished when the outside professionals form partnerships with identified helpers in the community rather than "do for them," and when prevention efforts respond to community concerns as they arise rather than to the concerns of the outside "experts." Projects operated by people within the community are most likely to thrive.

Finding Out More and Taking Action

Your community consists of many groups, and each one has an important part to play in preventing AOD use among youth. They include your family, schools, youth and recreational groups, the health care system, the legal system, the religious community, the business community, civic organizations, and the local media. Working with these groups involves two tasks: (1) find out what they are doing now in prevention, and (2) take action based on what you learn by starting new projects that build on what is already being done or fill needs that aren't being met.

Forming a Task Force

Building protective environments can only be done if we work together. Start by meeting with other people who share your concerns about youth using alcohol and other drugs. Sometimes these people are scattered throughout the community and need to be organized into a working group or groups. In other cases, you may be able to join an ongoing group. There's no time like now to begin.

Talk over your ideas with people you already know. Do other members of your religious community want to get involved? What about other parents in your neighborhood? If you work in a health facility or a business, can you find coworkers who want to contribute to a prevention effort? As part of your work or personal activities, you're in a position to make a difference by forming a task force to take action.

Once your group has formed, focus on coming to a shared understanding concerning the problems caused by AOD use among youth in your community. Start a discussion about the messages regarding AOD use that youth in your community may be getting from different parts of society.

Your Family. Family experiences have a strong influence on whether young people develop AOD problems. Strong family bonds and effective communication between parents and children may help protect children from the many social and emotional factors that trigger their first AOD use.

Ten Steps to Help Your Children Say No to Alcohol and Other Drugs(6)

1. **Talk to your children about alcohol and other drugs.** Make sure they understand the dangers and problems of AOD use by youth.

2. **Learn to really listen to your children.** Just talking to your child is only half the job. You can help keep open the lines of communication by knowing how to listen, and by knowing when to listen and not talk.

3. **Help your children feel good about themselves.** Preteens and adolescents are often unsure of themselves. Knowing that their parents have confidence in them and believe in their self-worth means a lot. You can communicate this faith in them by giving lots of specific and believable praise and encouragement to your children at appropriate times.

4. **Help your children develop strong values.** A strong value system anchored in a clear sense of right and wrong can give your children the courage to make decisions based on facts and sound values rather than on peer pressure.

5. **Be a good role model.** Your children are very aware of your habits and spoken and unspoken attitudes concerning AOD use. They will tend to follow your example.

6. **Help your children deal with peer pressure.** Children who are taught to be gentle and agreeable also may need skills to resist peer pressure. Help them practice ways they can say "no" and feel confident about themselves and their decisions.

7. Set firm rules against AOD use. Have clear family rules. Tell your children that they are not allowed to drink, smoke, use other drugs, or engage in other activities to which you object. Be sure they thoroughly understand the consequences of breaking these rules. Enforce the rules consistently.

8. Encourage healthy, creative activities. Make sure your children have enough structure in their daily lives. Create activities for them or encourage them to take part in sports, school programs, or hobbies they might enjoy. Join your children in having fun.

9. Talk with other parents. They're all going through the same things you are. Networking with neighborhood parents and community groups can help. If your child is going to a party or getting together with friends, make sure there is a chaperone and that there will be no alcohol or other drugs.

10. Know what to do if you suspect a problem. Learn to recognize the telltale signs of AOD use, and get appropriate help quickly from a doctor or other professional.

Find Out More

- Do you know the facts about the effects of alcohol and other drugs on children and adults?
- Are you aware of situations in which AOD use by youth occurs in your community?
- Are you aware of prevention strategies you can use at home?
- Have you made your family policies about AOD use clear to your children? Do they understand what the consequences of use will be?
- Do your children feel comfortable telling you about problems they may be having and asking for your help?

Take Action

- Learn to identify the signs and symptoms of AOD abuse.
- Follow the 10 steps to helping your children say "no" to alcohol and other drugs listed on page 12. OSAP developed these steps as a guide for parents.
- Join other parents in promoting an AOD-free environment in your neighborhood, school, and community.
- Show your commitment to spending time with your children by being available to listen to and talk with them. Volunteer to help with their group activities and to work with them on special projects.

The Schools. AOD use has a direct impact on learning. AOD use by students can disrupt academic performance, contribute to vandalism and absenteeism, lead to higher dropout rates, decrease motivation to achieve, and have other harmful consequences.

Find Out More

- Does the school have a policy about AOD use? Is the policy enforced?
- Are school staff trained to help students prevent or solve problems caused by AOD use? Are counselors available to students who seek or need help? Does the school have a Student Assistance Program?
- Is a curriculum to prevent AOD use taught in the school?
- Does the school organize special assemblies or other programs to help students stay away from alcohol and other drugs?
- Does the school inform parents about AOD use through special meetings or educational materials? Does the school sponsor community prevention programs?
- Does the school organize after-school activities that promote nonuse and support prevention goals?

Take Action

- Meet with school administrators to find out what the school's policies and procedures are about AOD use and how parents can help.
- Learn more about setting up "drug-free school zones" and write letters to local government and community leaders to gain their support for keeping alcohol and other drugs away from school grounds.(7)
- Write a letter to the school principal showing your support for prevention activities or expressing your concern about incidents related to AOD use.
- Form a parents' committee to host AOD-free activities like Project Graduation.(8)
- Volunteer to work with student groups such as PRIDE (Parent-School Team) or to plan a special parent education night on preventing AOD problems.(9)
- Help raise money to support special prevention projects or to buy prevention materials.

Youth and Recreation Groups. America's youth face strong pressure from their peers to use alcohol and other drugs. Teaching young people "life skills" such as how to cope with uncomfortable emotions, how to make sound decisions, and how to communicate more effectively will help them resist peer and other social pressure to use alcohol and other drugs. Another prevention strategy is offering young people alternative after-school and weekend activities and programs that do not invite drug use such as wilderness challenges and opportunities for meaningful community involvement.

Find Out More

- Do the youth and recreation groups have policies and guidelines about AOD use?
- Have youth group leaders and other staff members been trained to recognize the signs and symptoms of AOD use? Have they been trained in the latest prevention techniques?
- Do the groups incorporate prevention strategies in their activities?

- What prevention materials or information do they provide to youth?
- Are the groups able to meet the needs of youth at high-risk, such as runaways, children of alcoholics and other drug users, and "latchkey" children?

Take Action

- Meet with youth and recreation group administrators to discuss their policies related to AOD use.
- Investigate other model programs in your area and try to incorporate their successes into your efforts to prevent AOD use.
- Encourage organizations to distribute prevention materials. Many publications are available free from State and Federal agencies.
- Support programs that help youth build self-esteem, improve their decisionmaking and communication skills, and teach resistance skills.
- Contact people you know who have special skills (such as airplane pilots, restaurant chefs, and artists), and invite them to get involved in group activities and to serve as role models or mentors.
- Volunteer to help organize fundraisers for prevention programs or activities in your community.

The Health Care System. Health care professionals such as doctors, nurses, dentists, and pharmacists can play an important role in prevention. They can serve as information resources; identify AOD problems among their patients; refer patients and family members to appropriate treatment programs; and counsel youth and adults about the risks of AOD use. They also can be highly credible advocates for community and State policies, laws, and regulations that promote health and wellness.

Find Out More

- Are your doctor, pharmacist, and dentist involved in efforts to prevent AOD problems? Have they talked to your children about the effects of AOD use?

- What treatment and counseling programs exist in your community to treat people with AOD problems?
- Do hospitals sponsor programs to inform the public about the health consequences of AOD use?
- Is there a local hotline to respond to parents' and children's questions about AOD use and available treatment?

Take Action

- Collect information about local prevention and treatment resources, create a directory if one doesn't exist, and make it available to parents through local schools and community groups.
- Contact the public relations departments of local hospitals and volunteer to support AOD prevention programs.
- Volunteer to work on a crisis hotline.
- If you are involved in community groups, ask your doctor to talk to them about prevention. Offer to gather handout materials available from the organizations listed in Appendix B: Referral Sources.

The Legal System. Laws about AOD use have become more strict in response to the waves of AOD-related crimes and tragedies in America. Alcohol or other drugs have been found to be a factor in 50 percent of traffic fatalities, 62 percent of assaults, 49 percent of murders, 52 percent of rapes, and 38 percent of child abuse cases.(10) Though alcohol and other drugs may not be the direct cause of all these tragedies, their presence is clearly a significant factor.

Find Out More

- Are your local, State, and Federal representatives involved in AOD prevention? What laws or actions are currently being considered?
- What are the penalties for selling alcohol or other drugs to minors? How are they enforced?
- What are the local laws concerning drug dealing and what can you do to help enforce them?
- What are the laws concerning AOD-impaired driving?

- Do police look out for teenagers who park off the road to drink or use other drugs? Is there a Community Watch?
- What is the quality of relations between the police force and the rest of the community?
- Do law enforcement officials sponsor any prevention activities? Do they coordinate them with the schools or other community groups?
- How are drug-using probationers and parolees handled?
- Are the fines collected from people for driving under the influence or from the taxing of alcohol and tobacco products being used for AOD prevention programs?

Take Action

- Write letters to local, State, and Federal officials endorsing crackdowns and stiff penalties for local retailers, restaurants, and entertainment businesses that sell alcohol to minors.
- Report any businesses that sell alcohol to minors to legal authorities.
- Publicize laws related to AOD use by writing letters to the editor or by asking local newspaper reporters to cover AOD prevention issues.
- Encourage police officers and other officials to give prevention talks at local schools.
- Report AOD-impaired drivers to the police as soon as possible.
- Suggest that sobriety checkpoints be set up near places and at times associated with heavy drinking.

The Religious Community. Many community members look to their churches and synagogues for leadership in solving major social problems. Religious organizations can play a key role in prevention by helping youth and families identify and solve problems before they are compounded by AOD use, by referring them to appropriate treatment resources, by sponsoring AOD-free social and recreational activities for preteens and teenagers, and by making their facilities available to prevention efforts.

Find Out More

- Do religious leaders speak out against AOD use by young people?
- Will they initiate programs to help prevent AOD use by youth or to assist those who need intervention services or treatment?
- Do they sponsor prevention-oriented activities for children?
- Do they stay informed about local resources and appropriately refer individuals who need intervention services or treatment?
- Are churches and synagogues willing to donate space, equipment, or other resources to groups that are trying to discourage AOD use in their community?

Take Action

- Encourage the head of your congregation to schedule sermons on AOD use and to tie them into prevention-related community campaigns or special events.
- Volunteer your time to work with the congregation's youth group.
- Suggest that the congregation sponsor a training session for members to learn how to intervene and how to counsel and refer members who need help.
- Gather materials on preventing AOD-related problems for the congregation's library.

The Business Community. Local businesses have an important role to play in prevention. Businesses can sponsor programs for their employees and can help to reduce the availability of alcohol to minors. In addition, businesses can support local prevention efforts by donating materials and services such as printing and mailing; hosting prevention seminars; and by giving their employees incentives for volunteering to work on AOD abuse prevention projects.

Find Out More

- Are bars, restaurants, and retailers that sell alcoholic beverages actively involved in stopping alcohol use by youth?
- Do bartenders and waiters consistently check ID's?
- In many States, restaurants and retailers that sell alcohol to intoxicated adults or to minors are liable. What are the laws in your State and how often are they enforced?
- Do they sell alcohol to customers who are already intoxicated?
- Does your community include enterprises rumored to operate as fronts for drug dealers?
- Do businesses sponsor activities such as athletic events to support prevention?
- Do large companies have AOD education programs for their employees? Do they have Employee Assistance Programs that provide short-term counseling and referral services?
- Are new employees screened for AOD use?

Take Action

- Write letters to the local Chamber of Commerce, restaurant associations, and other organizations endorsing your support for the strict enforcement of laws related to selling alcohol to minors.
- Meet with the human resource director and recreation activities committee at your company to discuss taking initiatives such as scheduling lunchtime prevention seminars and providing prevention-related information through the company newsletter.
- Contact local businesses about donating resources or materials to help support AOD-free youth activities.
- Ask local copy shops or printers to donate services for flyers or brochures about prevention activities.
- Publicize the contributions and help you receive from local businesses by including their names on your promotional materials.

Civic Organizations. Civic groups, by their very nature, are committed to improving the health and well-being of the community. They frequently are action-oriented and know how to influence community leaders and obtain resources to get the job done. Many national civic organizations have already joined the prevention bandwagon and often support activities to prevent AOD-related problems.

Find Out More

- Have civic groups included prevention of AOD-related problems on their meeting agendas?
- Will they hold special events to raise money for preventing AOD use by teenagers?
- Do they sponsor AOD-free youth organizations or youth activities?

Take Action

- Meet with members of the program committee of your civic group and suggest ideas for meetings devoted to prevention.
- Gather prevention information materials and distribute them at your civic group meetings.
- Find out which members are interested in prevention and form a working group to undertake special projects such as creating a treatment resource directory; monitoring alcoholic beverage sales at local bars, restaurants, and retail businesses; and raising money to support AOD-free youth activities.
- Identify a youth group that needs adult volunteers and encourage civic group members to volunteer their time.
- Ask the board of directors of your civic group to proclaim its support for legislation and funding that promote prevention.

The Local Media. The mass media provide messages that shape and reinforce people's beliefs and attitudes about alcohol and other drugs. The media play an important role in prevention because they reach millions of people. Radio and television stations cover prevention news stories, interview prevention experts to inform the community about effective prevention approaches, and broadcast public service messages to promote prevention. Newspapers and magazines also report prevention news and publish public service prevention messages.

Find Out More

- Do local talk show personalities interview guests involved in AOD treatment and prevention programs?
- Are public service messages on prevention aired during prime listening and viewing hours?
- Are newspapers and radio and television stations actively involved in promoting prevention messages?

Take Action

- Contact talk show producers to suggest prevention topics for their programs.
- Write letters to local media supporting stories that promote prevention, and write letters of complaint when media coverage and advertising are inappropriate.
- Talk with managers at local radio stations to eliminate irresponsible comments made by disk jockeys about alcohol and other drugs, especially on stations that target preteens and teenagers.
- Write letters of appreciation when local radio and television stations air AOD-related public service messages during prime listening or viewing hours.
- Ask writers and reporters to cover major new prevention programs and activities, especially when you have a special news or human interest angle.
- Ask local disk jockeys to volunteer their time to support AOD-free youth activities and get their stations to serve as sponsors.

The actions described in the preceeding pages are examples of the many ways you can turn your awareness into community action and prevent the problems caused by AOD use. Use the Prevention Guidelines below and the Find Out More and Take Action Checklists on pages 37-49 to focus your efforts and make the most of your talents and your community's resources.

Prevention Guidelines

- Acknowledge positive prevention activities with letters of support.
- Speak out with complaint letters on actions, policies, or incidents that impede prevention.
- Arm yourself with the facts before you try to persuade other people to take action.
- Link individuals and organizations with common concerns and goals to work together on prevention.
- Volunteer your time for projects and activities that support your prevention goals.
- Help raise funds for projects you believe in.
- Tap business resources for contributions and in-kind services.
- Join other people who are already working on your concerns and goals rather than trying to start from scratch.
- Work with civic groups on activities that require a lot of "people power."
- Involve clergy, school administrators, health care professionals, and other community leaders in activities that need the "voice of authority."
- Publicize special prevention activities and news through the media.

Getting from Here to There

No matter what prevention steps you take, you want your project to benefit your community, and to be meaningful and rewarding to you. Planning, evaluating, and promoting your project are ways that will help you make the most of your talents and your community's resources. Planning, evaluation, and promotion don't have to be complicated. Planning involves answering three simple questions:

- Where do you want to be?
- Where are you now?
- How will you get from here to there?

Evaluation and promotion entail asking three more questions:

- How is it going?
- How did it go?
- Who needs to know?

Answer the questions that fit your activity. Not all of them may apply.

Where Do You Want to Be? Describe your goal in ways you can measure. Write a sentence that states what you want to accomplish and when you want to accomplish it. An example is, "Goal: Organize an AOD-free graduation dance for Lincoln High School seniors on June 28 that attracts at least two-thirds as many seniors as last year's dance." Be sure your activity meets a need in the community before you commit your time and effort to it. Write a sentence explaining why you are undertaking your project. An example is, "Need: Last year, seven seniors from neighboring high schools were killed or hurt in AOD-related automobile crashes on the way home from their graduation dances."

Where Are You Now? List the resources you already have to meet your goal. They could include people whose cooperation you can count on, such as AOD-free students who volunteered to help publicize and organize the dance; the amount of time you can spend on the project; and equipment and supplies local businesses have agreed to contribute. Next, write down the resources you need. They could include school officials' permission to publicize the dance, the support of certain student leaders, money to pay for refreshments, and a place to hold the dance.

Then note challenges you might have to meet. For example, you or the students and teachers helping you might know of other students who do not believe they could have a real graduation celebration without alcohol.

How Will You Get from Here to There? Write down all the things that need to happen for you to meet your goal. Include the dates by which activities must be completed and the names of people responsible. Also include your strategies for overcoming any obstacles you identified to accomplishing your goal.

How Is It Going? As you accomplish the project, keep track of information such as the number of people who ask about it or use it. For example, if you are helping to organize an AOD-free graduation dance, count the number of tickets you are selling, and the number of students who attend the dance.

If you and other community members are compiling a directory of treatment resources which libraries and supermarkets agreed to display, keep a record of how many directories you distribute. If you are helping to organize a series of AOD-free after-school events for students, record the number of students who participate and ask them to fill out a short questionnaire that lets them give you feedback anonymously.

How Did It Go? Any undertaking is a learning opportunity. When your project is over, learn the most you can from your experience by collecting information about the aspects of the project that were especially successful, and the aspects that were not.

The information you gathered concerning the number of people who asked about your project and used its services, and the feedback participants gave you are different ways of estimating the project's success. Also get feedback from the people who helped you on the project. List the items people say they would want to do again, and those they would want to change. As a group, talk about the items in both lists and about other project you might want to undertake.

Who Needs to Know? If you judge your project to be a success, find ways of telling different parts of the community. For example, write letters to other high schools in the area letting them know about the AOD-free graduation dance and offering to help them organize one. Ask local disk jockeys of radio shows geared to high school students to mention the dance on the air. Ask your community newspaper to publish an article about your project. This publicity will help students, teachers, parents, and other community members who may want to start a project like yours, and will also give the idea of prevention the visibility it needs.

Resources for Taking Action

Many government and non-government resources are available at the national, State, and local levels to help you take action. Appendix C: Referral Sources lists Federal agencies, private organizations, civic groups, religious organizations, clearinghouses, and toll-free information and referral services.

Government Resources

The Office for Substance Abuse Prevention (OSAP) is the Federal government agency you should contact for prevention assistance in your community. OSAP is an agency of the Alcohol, Drug Abuse, and Mental Health Administration, (ADAMHA). It was created by the Anti-Drug Abuse Act of 1986 and helps communities provide a protective environment for young people to prevent their use of alcohol and other drugs. Through OSAP's National Clearinghouse for Alcohol and Drug Information (NCADI), you can obtain examples of effective prevention materials and information about prevention research and the activities of many government, corporate, and voluntary organizations at the national, regional, State, and local levels.

Other Federal agencies that support local AOD prevention efforts include the U.S. Department of Education, the U.S. Department of Justice, and the National Highway Traffic Safety Administration of the U.S. Department of Transportation. These agencies sponsor local prevention initiatives by funding grant programs, develop and distribute prevention materials and information about model programs, and conduct information-sharing conferences.

In each State and U.S. Territory, an agency of the State government is responsible for coordinating AOD prevention and treatment services. In most States, the responsibility for alcohol and other drugs is combined in one agency. To find your State agency, look in your local telephone directory under "alcohol" or "drugs." In addition, many county and local governments employ a prevention and/or treatment coordinator, and many communities now have task forces or committees that coordinate AOD problem initiatives to ensure consistency and to avoid duplication.

The RADAR (Regional Alcohol and Drug Awareness Resource) Network is another source of help. Coordinated by OSAP through NCADI, the RADAR Network Centers are part of the national resource system that makes available to anyone in the community the latest AOD prevention information. Consumers include State- and community-level program planners, school personnel, law enforcement officials, health professionals, treatment providers, and other community members.

Through the RADAR Network Centers, you can obtain resource lists of the latest research results, popular press and scholarly journal articles, videotapes, prevention curricula, print materials, and prevention programs. Centers also provide customized packages of materials for use in different environments including the home, schools, worksites, recreation centers, and religious and social settings.

Each center has its own mix of services. Check with the center nearest you to learn how it can help you. Most RADAR Network Centers are able to provide services such as:

- Helping community program planners find the most accurate and current information about AOD problems, and locate materials and programs that can be adapted to meet their needs.
- Providing attention-getting posters, booklets, videotapes, and other materials with prevention and intervention messages for youth, parents, and many other audiences.
- Promoting and supporting outreach efforts to groups at high risk for AOD-related problems, including children of alcoholics and other drug abusers, school dropouts, pregnant teenagers, low-income communities, juvenile delinquents, the disabled, suicidal teenagers, and those with mental health problems.
- Providing referrals to local and national resources for prevention and intervention materials and services that are unavailable from the center.
- Maintaining a library of the most recent AOD resources, including reference and program materials, for use onsite.
- Answering questions about prevention and intervention by mail or telephone and giving "hands-on" assistance.

- Helping community program planners create exciting, comprehensive prevention programs tailored to their communities, and develop materials and services that are culturally sensitive and age-appropriate.

In addition to using the prevention services available from State RADAR Network Centers, you can enlist the help of Specialty RADAR Network Centers. These Specialty Centers are national organizations and Federal agencies that deal with AOD issues. For example, the National Drug Information Center operated by Families in Action might help a caller track how the media are covering a specific drug-related issue. You also can contact the U.S. Department of Education's Regional Training Centers. These Regional Training Centers are not set up as clearinghouses, but they can provide training assistance and expertise to local schools to prevent or stop AOD use by students.

The RADAR Network consists of centers in each State, as well as American Samoa, Guam, Puerto Rico, and Virgin Islands and over 325 associate members. The membership of the RADAR Network consists of the RADAR Network Centers designated by the State governments, information centers operated by national organizations, the U.S. Department of Education's Regional Training Centers, and international organizations. Associate RADAR Network members are organizations that provide information and referral services at the community level.

Non-Government Resources

A large number of national organizations are actively involved in prevention efforts. These organizations develop materials, distribute programs to their members, conduct national media campaigns, lobby for legislation on AOD problems, and give training and assistance to community groups. The local chapters of many of these groups are active in local prevention efforts. Appendix C: Referral Sources provides the names, addresses, and telephone numbers of several key national organizations.

Figure 1

Trends in Perceived Harmfulness of Drugs by Age, 1985, 1988, and 1990

		Percentage Saying "Great Risk"		
	Age Group	1985	1988	1990
Try Marijuana	All Ages	NA	NA	36.9
	12-17	NA	NA	35.5
	18-25	NA	NA	21.9
	26-34	NA	NA	22.7
	35+	NA	NA	46.0
Smoke Marijuana Occasionally	All Ages	40.8	49.6	45.0+
	12-17	37.2	44.1	51.9+
	18-25	20.7	31.1	30.1
	26-34	24.0	31.1	31.1
	35+	54.3	62.2	52.5+
Smoke Marijuana Regularly	All Ages	74.3	80.5	79.5
	12-17	76.9	80.7	84.8+
	18-25	59.7	70.1	72.1
	26-34	56.7	67.5	66.9
	35+	85.0	88.0	84.7+
Try PCP	All Ages	64.9	73.6	70.8+
	12-17	56.9	49.0	49.0
	18-25	66.6	61.7	56.4+
	26-34	73.5	67.9	68.6
	35+	83.0	83.5	79.2+
Use PCP Regularly	All Ages	93.5	95.6	93.6+
	12-17	86.9	89.2	86.2+
	18-25	92.8	94.6	92.0+
	26-34	93.3	96.2	93.5+
	35+	95.3	96.9	95.4+
Try Cocaine	All Ages	54.0	71.3	68.6+
	12-17	30.7	52.8	54.8
	18-25	34.3	56.5	54.7
	26-34	41.4	59.9	61.1
	35+	70.2	82.7	77.3+

Figure 1 *(Continued)*

	Age Group	Percentage Saying "Great Risk" 1985	1988	1990
Use Cocaine Occasionally	All Ages	72.9	84.8	83.3
	12-17	64.5	77.7	80.5
	18-25	59.5	76.6	79.1
	26-34	62.5	78.5	77.8
	35+	83.0	90.7	86.8
Use Cocaine Regularly	All Ages	93.8	96.9	96.4
	12-17	90.0	93.0	93.8
	18-25	91.6	96.2	95.4
	26-34	91.1	95.9	95.6
	35+	96.4	98.1	97.4
Use Crack Occasionally	All Ages	NA	90.6	86.8
	12-17	NA	78.9	75.7
	18-25	NA	85.8	81.4
	26-34	NA	88.6	85.8
	35+	NA	94.7	90.5+
Try Heroin	All Ages	62.7	76.7	75.4
	12-17	57.4	48.5	48.7
	18-25	63.7	66.5	63.7
	26-34	58.9	73.8	77.0
	35+	67.5	85.7	82.7+
Use Heroin Regularly	All Ages	95.9	96.9	96.4
	12-17	89.8	91.0	89.8
	18-25	95.8	96.2	94.4+
	26-34	95.9	97.7	97.4
	35+	97.2	98.0	97.4
Smoking One or More Packs of Cigarettes Per Day	All Ages	56.6	62.3	63.4
	12-17	45.4	47.1	48.1
	18-25	52.2	55.1	57.4
	26-34	58.6	62.0	63.9
	35+	59.8	67.2	67.4

Figure 1 *(Continued)*

	Age Group	Percentage Saying "Great Risk" 1985	1988	1990
One or Two Drinks Every Day	All Ages	32.3	30.4	38.9+
	12-17	26.7	25.5	35.1+
	18-25	25.1	24.3	31.6+
	26-34	28.3	27.9	32.9+
	35+	37.2	33.8	43.5+
Four or Five Drinks Every Day	All Ages	72.6	73.4	76.5+
	12-17	66.0	63.3	67.9+
	18-25	66.8	68.5	67.3
	26-34	69.8	72.7	73.1
	35+	77.0	76.9	81.7+
Five or More Drinks Once or Twice a Week	All Ages	59.6	57.4	63.8+
	12-17	56.1	51.6	59.2+
	18-25	52.6	47.8	53.3+
	26-34	55.3	52.9	57.2+
	35+	64.1	62.8	69.7+
Anabolic Steroids Occasionally	All Ages	NA		63.8
	12-17	NA	NA	53.1
	18-25	NA	NA	52.3
	26-34	NA	NA	60.7
	35+	NA	NA	69.8
Anabolic Steroids Regularly	All Ages	NA		87.0
	12-17	NA	NA	80.2
	18-25	NA	NA	79.7
	26-34	NA	NA	85.1
	35+	NA	NA	90.8

NA: Data not available

\+ The difference between the 1988 and 1990 estimates is statistically significant at .05 level.

Source: National Institute on Drug Abuse, 1990 National Household Survey on Drug Abuse

Figure 2

Alcohol and Other Drug Use By the American Population

ANY ILLICIT DRUG USE: *Ever, Past Year, and Past Month (1990) by Sex and Age Groups for Total Population*

	Ever Used		Used Past Year		Used Past Month	
Age	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
12-17	22.7%	(20.4-25.2)%	15.9%	(13.9-18.3)%	8.1%	(6.4-11.5)%
MALE	23.4	(20.2-26.8)	14.7	(12.2-17.6)	8.6	(6.5-10.1)
FEMALE	22.0	(18.8-25.6)	17.3	(14.2-20.8)	7.6	(5.5-10.3)
18-25	55.8	(52.6-58.9)	28.7	(25.9-31.6)	14.9	(12.8-17.2)
MALE	59.4	(54.7-63.9)	33.5	(29.6-37.7)	18.9	(15.8-22.4)
FEMALE	52.3	(48.3-56.3)	24.1	(20.4-28.3)	11.0	(8.6-14.0)
26-34	62.6	(59.8-65.4)	21.9	(19.4-24.6)	9.8	(7.9-12.1)
MALE	66.2	(61.7-70.4)	25.4	(21.4-29.8)	11.0	(8.5-14.0)
FEMALE	59.2	(55.8-62.6)	18.5	(15.9-21.3)	8.6	(6.7-11.1)
35+	25.9	(23.9-27.9)	6.0	(4.8- 7.5)	2.8	(2.1- 3.7)
MALE	32.6	(29.5-35.9)	7.2	(5.6- 9.2)	3.7	(2.6- 5.2)
FEMALE	20.0	(17.1-23.2)	5.0	(3.7- 6.7)	2.1	(1.3- 3.2)
TOTAL	37.0	(35.2-38.7)	13.3	(12.1-14.7)	6.4	(5.6- 7.3)
MALE	42.2	(39.9-44.6)	15.5	(13.7-17.4)	7.9	(6.7- 9.2)
FEMALE	32.1	(29.7-34.7)	11.4	(10.0-12.9)	5.1	(4.3- 6.1)

MARIJUANA USE: *Ever, Past Year, and Past Month (1990) by Sex and Age Groups for Total Population*

	Ever Used		Used Past Year		Used Past Month	
Age	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
12-17	14.8%	(12.9-16.9)%	11.3%	(9.8-13.1)%	5.2%	(3.9- 6.7)%
MALE	15.4	(12.7-18.5)	11.5	(9.4-14.0)	6.0	(4.2- 8.5)
FEMALE	14.2	(11.7-17.0)	11.2	(9.1-13.7)	4.3	(3.0- 6.0)
18-25	52.2	(49.1-55.2)	24.6	(21.8-27.6)	12.7	(10.8-15.0)
MALE	55.5	(50.9-60.0)	28.7	(24.8-33.0)	16.5	(13.6-19.9)
FEMALE	49.0	(45.4-52.6)	20.7	(17.4-24.3)	9.1	(7.0-11.8)
26-34	60.8	(57.9-63.6)	18.0	(15.8-20.4)	8.6	(6.8-10.8)
MALE	64.7	(60.3-68.9)	21.1	(17.7-25.0)	9.7	(7.4-12.8)
FEMALE	57.0	(53.5-60.3)	14.9	(12.6-17.6)	7.5	(5.8- 9.7)
35+	21.9	(20.0-23.9)	3.6	(2.7- 4.7)	1.9	(1.4- 2.6)
MALE	28.6	(25.5-31.9)	4.5	(3.3- 6.1)	2.5	(1.7- 3.6)
FEMALE	16.0	(13.5-18.8)	2.8	(1.9- 4.2)	1.4	(0.8- 2.3)
TOTAL	33.1	(31.3-34.8)	10.2	(9.2-11.2)	5.1	(4.4- 5.8)
MALE	38.3	(36.0-40.8)	12.1	(10.6-13.8)	6.4	(5.4- 7.5)
FEMALE	28.2	(26.0-30.5)	8.4	(7.4- 9.5)	3.9	(3.3- 4.6)

Figure 2 *(Continued)*

COCAINE USE: *Ever, Past Year, and Past Month (1990) by Sex and Age Groups for Total Population*

	Ever Used		Used Past Year		Used Past Month	
Age	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
12-17	2.6%	(1.7- 4.0)%	2.2%	(1.4- 3.6)%	0.6%	(0.3- 1.0)%
MALE	3.3	(2.1- 5.2)	2.7	(1.6- 4.6)	0.7	(0.3- 1.6)
FEMALE	1.8	(1.0- 3.5)	1.8	(0.9- 3.4)	*	*
18-25	19.4	(17.1-21.9)	7.5	(6.0- 9.3)	2.2	(1.5- 3.2)
MALE	23.3	(19.9-27.1)	10.2	(8.0-13.0)	2.8	(1.8- 4.2)
FEMALE	15.6	(13.2-18.4)	4.8	(3.3- 6.9)	1.6	(0.9- 2.9)
26-34	25.6	(23.1-28.1)	6.8	(5.8- 8.0)	1.7	(1.2- 2.6)
MALE	29.7	(26.4-33.2)	9.1	(7.3-11.3)	2.4	(1.4- 4.1)
FEMALE	21.5	(18.6-24.8)	4.5	(3.4- 6.1)	1.1	(0.6- 2.0)
35+	5.9	(4.9- 7.1)	0.9	(0.6- 1.3)	0.2	(0.1- 0.4)
MALE	7.6	(6.2- 9.2)	1.3	(0.7- 2.1)	*	*
FEMALE	4.4	(3.1- 6.4)	0.6	(0.2- 1.4)	*	*
TOTAL	11.3	(10.3-12.4)	3.1	(2.7- 3.5)	0.8	(0.6- 1.0)
MALE	13.8	(12.5-15.2)	4.3	(3.7- 5.0)	1.1	(0.8- 1.5)
FEMALE	9.0	(7.8-10.4)	2.0	(1.7- 2.5)	0.5	(0.4- 0.8)

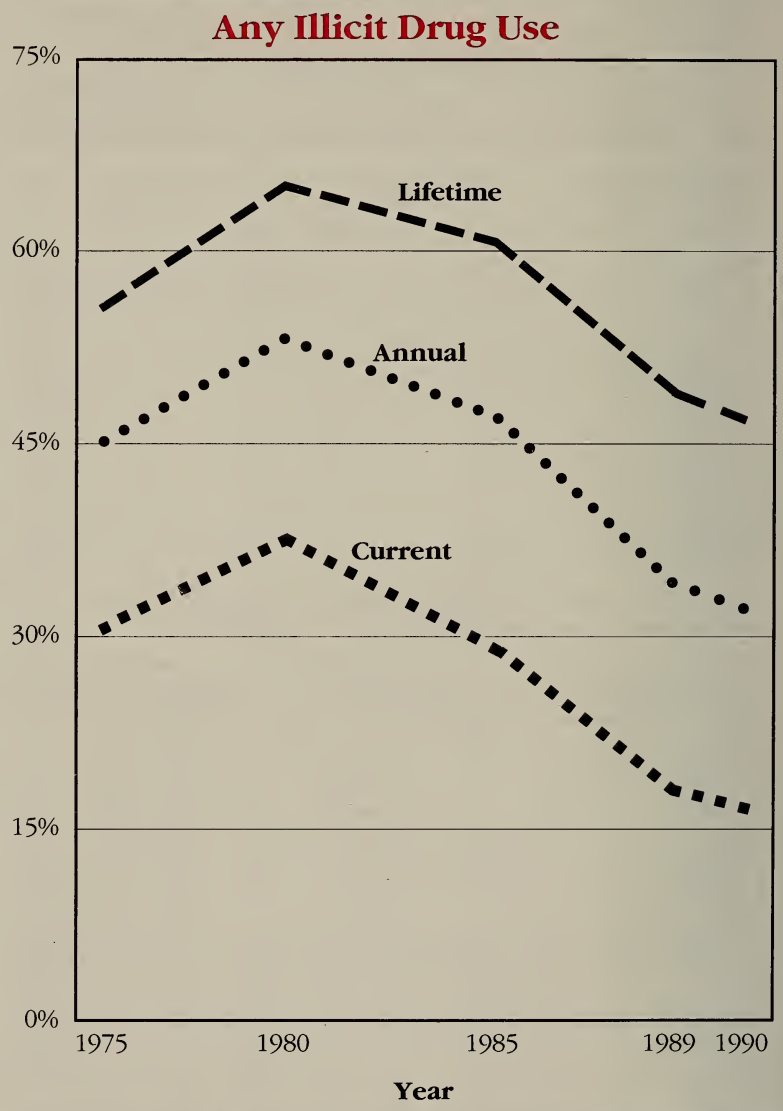
ALCOHOL USE: *Ever, Past Year, and Past Month (1990) by Sex and Age Groups for Total Population*

	Ever Used		Used Past Year		Used Past Month	
Age	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
12-17	48.2%	(45.4-51.1)%	41.0%	(38.2-43.8)%	24.5%	(22.3-26.9)%
MALE	49.5	(45.9-53.1)	40.8	(37.2-44.5)	25.3	(21.7-29.2)
FEMALE	46.9	(42.4-51.4)	41.1	(37.0-45.4)	23.7	(20.4-27.3)
18-25	88.2	(86.0-90.1)	80.2	(77.4-82.6)	63.3	(59.6-66.8)
MALE	91.9	(88.8-94.2)	86.0	(82.5-88.9)	73.7	(69.5-77.5)
FEMALE	84.7	(81.4-87.5)	74.6	(70.4-78.4)	53.3	(48.2-58.4)
26-34	92.0	(89.9-93.8)	78.8	(76.4-81.1)	63.3	(60.5-66.1)
MALE	94.4	(92.4-95.9)	83.1	(79.6-86.1)	71.7	(67.9-75.3)
FEMALE	89.8	(86.4-92.4)	74.7	(71.0-78.1)	55.2	(50.9-59.4)
35+	85.0	(82.6-87.2)	62.5	(59.1-65.8)	48.6	(45.4-51.8)
MALE	92.3	(90.1-94.0)	68.5	(64.8-71.9)	56.7	(52.5-60.8)
FEMALE	78.7	(75.0-82.0)	57.2	(52.6-61.7)	41.5	(37.5-45.6)
TOTAL	83.2	(81.3-84.9)	66.0	(63.7-68.3)	51.2	(48.9-53.5)
MALE	88.1	(86.6-89.4)	71.0	(68.7-73.2)	58.9	(56.3-61.4)
FEMALE	78.7	(75.8-81.3)	61.5	(58.1-64.8)	44.1	(40.9-47.3)

* Low precision; no estimates reported

Source: National Institute on Drug Abuse, 1990 National Household Survey on Drug Abuse

Figure 3



Source: National Institute on Drug Abuse, Monitoring the Future, *1990*

Find Out More Checklist

Have you gotten answers to each of the questions pertaining to this group?

	YES	NO	If not, who can help you?
Your Family			
Do you know the facts about the effects of alcohol and other drugs on children and adults?	❑	❑	_____
Are you aware of situations in which AOD use by youth occurs in your community?	❑	❑	_____
Have you made your family policies about AOD use clear to your children? Do they understand the consequences of use?	❑	❑	_____
The Schools			
Has the school developed a policy about AOD use? Is the policy reinforced?	❑	❑	_____
Are school staff trained to help students prevent or alleviate problems caused by AOD use? Are counselors available to students who seek or need help? Does the school have a Student Assistance Program?	❑	❑	_____
Has the school implemented a curriculum to prevent AOD use?	❑	❑	_____
Does the school sponsor special assemblies or other programs designed to help students stay away from alcohol and other drugs?	❑	❑	_____

YES	NO	If not, who can help you?
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	

Have you gotten answers to each of the questions pertaining to this group?

Does the school inform parents about AOD use through special meetings or educational materials?

Does the school sponsor community prevention programs?

Does the school organize after-school activities that promote nonuse and support prevention goals?

Youth and Recreation Groups

Do the youth and recreation groups have policies and guidelines about AOD use? Are the rules enforced?

Have youth group leaders and other staff members been trained to recognize the signs of AOD use? Have they been trained in the latest prevention techniques?

Do the groups incorporate prevention strategies into their activities?

Do you know what prevention materials or information they provide to youth?

Are the groups able to meet the needs of youth at high risk, such as runaways, children of alcoholics and other drug users, and "latchkey" children?

Have you gotten answers to each of the questions pertaining to this group?

	YES	NO	If not, who can help you?
The Health Care System			
Are your doctor, pharmacist, and dentist involved in efforts to prevent AOD problems?	❑	❑	_____
Have they talked to your children about the effects of AOD use?	❑	❑	_____
Do you know what treatment and counseling programs exist in your community to treat people with AOD problems?	❑	❑	_____
Do hospitals sponsor programs to inform the public about the health consequences of AOD use?	❑	❑	_____
Is there a local hotline to respond to parents' and children's questions about AOD use and available treatment?	❑	❑	_____
The Legal System			
Are your local, State, and Federal representatives involved? What laws or actions are currently being considered?	❑	❑	_____
Do you know the penalties for selling alcohol or other drugs to minors? How are they enforced?	❑	❑	_____
Do you know the local laws concerning drug dealing and what you can do to help enforce them?	❑	❑	_____
Do you know the laws concerning AOD-impaired driving?	❑	❑	_____

YES	NO	If not, who can help you?
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	

Have you gotten answers to each of the questions pertaining to this group?

Do you know how drug-using probationers and parolees are handled?

Do police look out for teenagers who park off the road to drink alcohol or use other drugs?

Is there a Community Watch?

Do law enforcement officials sponsor any prevention activities? Do they coordinate them with the schools or other community groups?

Do you know the quality of relations between the police force and the rest of the community?

Are the fines collected from people for driving under the influence or from the taxing of alcohol and tobacco products being used for AOD prevention?

The Religious Community

Do leaders speak out against AOD use by young people?

Will they initiate programs to help prevent AOD use by young members or to assist members who require intervention services or treatment?

Do they sponsor prevention-oriented activities for children?

Do they stay informed about local resources and appropriately refer members who need intervention or treatment services?

Have you gotten answers to each of the questions pertaining to this group?

	YES	NO	If not, who can help you?
Are churches and synagogues willing to donate space, equipment, or other resources to groups that are trying to discourage AOD use in their community?	❑	❑	
The Business Community			
Are bars, restaurants, and retailers that sell alcoholic beverages actively involved in stopping alcohol use by youth?	❑	❑	
Do bartenders and waiters consistently check ID's?	❑	❑	
Are restaurants and retailers that sell alcohol to intoxicated adults or to minors liable? Are the laws in your State enforced?	❑	❑	
Do they sell alcohol to customers who are already intoxicated?	❑	❑	
Does your community include enterprises rumored to operate as fronts for drug dealers?	❑	❑	
Do large companies have AOD education programs for their employees? Do they have Employee Assistance Programs that provide short-term counseling and referral services?	❑	❑	
Are new employees screened for AOD use?	❑	❑	
Do businesses sponsor activities such as athletic events to support prevention?	❑	❑	

YES	NO	If not, who can help you?
❑	❑	_____
❑	❑	_____
❑	❑	_____
❑	❑	_____
❑	❑	_____

Have you gotten answers to each of the questions pertaining to this group?

Civic Organizations

Have civic groups included prevention of AOD-related problems on their meeting agendas?

Will they hold special events to raise money for preventing AOD use by teenagers?

Do they sponsor youth organizations or youth activities?

The Local Media

Do local talk show personalities interview guests involved in AOD prevention and treatment programs?

Are public service messages on prevention aired during prime listening and viewing hours?

Are newspapers and radio and television stations actively involved in promoting prevention messages?

Take Action Checklist

Can you use your awareness to take the following actions?

	YES	NO	If not, who can help you?
Your Family			
Learn to identify the symptoms and effects of AOD abuse.	❑	❑	_____ _____
Follow the 10 steps to helping your children say "no" to alcohol and other drugs listed on page 12.	❑	❑	_____ _____ _____ _____
Join other parents in promoting an AOD-free environment in your neighborhood, in your school and in your community.	❑	❑	_____ _____ _____ _____
Show your commitment to spending time with your children by being available to listen and to talk with them. Volunteer to help with their group activities and to work with them on special projects.	❑	❑	_____ _____ _____ _____ _____ _____ _____
The Schools			
Meet with school administrators to find out what the school's policies and procedures about AOD use are and how parents can help.	❑	❑	_____ _____ _____ _____ _____
Learn more about setting up "drug-free school zones" and write letters to local government and community leaders to gain their support for keeping alcohol and other drugs away from school grounds.	❑	❑	_____ _____ _____ _____ _____ _____

YES	NO	If not, who can help you?
❑	❑	_____
❑	❑	_____
❑	❑	_____
❑	❑	_____
❑	❑	_____

Can you use your awareness to take the following actions?

Write a letter to the school principal showing your support for prevention activities or expressing your concern about incidents related to AOD use.

Form a committee of parents, teachers, and students to host AOD-free activities like Project Graduation.

Volunteer to work with groups such as PRIDE Parent-School Teams, or to plan a special parent education night on AOD problem prevention.

Help raise money to support special prevention projects or to buy prevention materials.

Youth and Recreation Groups

Meet with youth and recreation group administrators to discuss their policies related to AOD use.

Investigate other model programs in your area and try to incorporate their successes into your prevention efforts.

Encourage organizations to distribute prevention materials. Many publications are available free from State and Federal agencies.

Can you use your awareness to take the following actions?

	YES	NO	If not, who can help you?
Support programs that help youth build self esteem, improve their decision-making and communication skills, and teach resistance skills.	❑	❑	_____
Contact people you know who have special skills (such as airplane pilots, restaurant chefs, and artists) and invite them to get involved in group activities, and to serve as role models or mentors.	❑	❑	_____
Volunteer to help with fundraisers for some of the prevention programs or activities in your community.	❑	❑	_____
The Health Care System			
Collect information about local prevention and treatment resources, create a directory if one doesn't exist, and make it available to parents through schools and community groups.	❑	❑	_____
Contact the public relations departments of local hospitals and volunteer to support AOD prevention programs.	❑	❑	_____
Volunteer to work on a crisis hotline.	❑	❑	_____
If you are involved in community groups, ask your doctor to talk to them about prevention.	❑	❑	_____
Offer to gather handout materials available from the organizations listed in Appendix C: Referral Sources.	❑	❑	_____

YES	NO	If not, who can help you?
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	
❑	❑	

Can you use your awareness to take the following actions?

The Legal System

Write letters to local, State, and Federal officials endorsing crackdowns and stiff penalties for local retailers, restaurants, and entertainment businesses that sell alcohol to minors.

Report any businesses that sell alcohol to minors to legal authorities.

Publicize laws related to AOD use by writing letters to the editor or by asking local newspaper reporters to cover AOD prevention issues.

Encourage police officers and other officials to give prevention talks at local schools.

Report AOD-impaired drivers to the police as soon as possible.

Suggest that sobriety checkpoint sites be set up near places and at times associated with heavy drinking.

The Religious Community

Encourage the head of your congregation to schedule sermons on AOD use and to tie them into prevention-related community campaigns or special events.

Volunteer your time to work with the congregation's youth group.

Can you use your awareness to take the following actions?

	YES	NO	If not, who can help you?
Suggest that the congregation sponsor a training session for members to learn how to intervene and how to refer and counsel members who need help.	❑	❑	_____
Gather materials on preventing AOD-related problems for the congregation's library.	❑	❑	_____
The Business Community			
Write letters to the local Chamber of Commerce, restaurant associations, and other organizations to endorse your support for strict enforcement of laws related to selling alcohol to minors.	❑	❑	_____
Meet with the human resource director and recreation activities committee at your company to discuss taking initiatives that support prevention, such as scheduling lunchtime seminars, and providing prevention-related information through the company newsletter.	❑	❑	_____
Contact local businesses about donating resources or materials to help support AOD-free youth activities.	❑	❑	_____
Ask local copy shops or printers to donate services for flyers or brochures concerning prevention activities.	❑	❑	_____

YES	NO	If not, who can help you?
❑	❑	_____
❑	❑	_____
❑	❑	_____

Can you use your awareness to take the following actions?

The Local Media

Contact talk show producers to suggest prevention topics for their programs.

Write letters to local media supporting stories that promote prevention, and write letters of complaint when media coverage and advertising are inappropriate.

Talk with managers at local radio stations to eliminate irresponsible comments made by disk jockeys about alcohol and other drugs, especially on stations that target preteens and teenagers.

Write letters of appreciation when local radio and television stations air AOD-related public service messages during prime listening or viewing hours.

Ask writers and reporters to cover major new prevention programs and activities, especially when you have a special news or human interest angle.

Ask local disk jockeys to volunteer time to support AOD-free youth activities, and get their stations to serve as sponsors.

YES	NO	If not, who can help you?
❑	❑	_____
❑	❑	_____
❑	❑	_____
❑	❑	_____
❑	❑	_____

Appendix A

Facts About AOD Use

AOD use by peers has a large impact on an adolescent's decision to use or "say no to" alcohol and other drugs. In fact, association with AOD-using peers is one of the strongest predictors of adolescent AOD use. (11) In a peer group in which AOD use is the norm, members reinforce each other: "Everybody does it; I guess it's o.k. for me to do it, too." A startling 45 percent of all high school seniors think their friends don't disapprove of heavy "party drinking" (consuming five or more drinks once or twice every weekend).(12)

Alcohol and tobacco products are the two most widely used and accessible drugs among American youth today. Daily cigarette smoking often starts in the seventh through ninth grades; very few people start smoking after high school. Because cigarettes are so addictive, three-quarters of those who are daily smokers in high school still smoke years later. Although the daily smoking rate among high school seniors declined considerably between 1977 and 1981 (from 29 percent to 20 percent), it has decreased only an additional 2 percent since then.(13) Students who have dropped out of school are known to have higher smoking rates.

AOD use by anyone can result in automobile crashes that may cause injury, serious legal problems, and even death. The risks are multiplied for teenagers because they are relatively inexperienced drivers. Although alcohol remains the primary cause of automobile crashes among young drivers, marijuana and cocaine are being found in increasing numbers. The American Medical Association has warned that driving can be significantly impaired by even very low levels of alcohol in the blood. In a California study of 440 youthful drivers killed in automobile crashes, blood samples revealed 1 or more of 23 different drugs in 81 percent of the victims.(14)

Over the past 30 years, life expectancy has increased for every age group in the United States except 15-to-24-year-olds.(15) Three-fourths of the deaths in this group are attributed to injuries, suicides, and homicides, a large proportion of which are related to risky lifestyles that include AOD use. The suicide rate for young people between ages 15 and 24 almost tripled in the last 30 years.(16)

In some areas AOD use has reached epidemic proportions. In parts of inner-city Washington, DC, PCP use is so widespread that third- and fourth-grade students can easily identify PCP dealers. Between 1985 and 1987, 11,430 Washington, DC, residents were charged with drug selling. In recent years, each succeeding age group entering adulthood in Washington, DC, has shown increasing involvement in dealing. Among African American men 20 to 24 years old, the ratio for drug-selling arrests is likely to reach one in three by the time the age group reaches 30.(17) In hundreds of other cities and towns, entire blocks are established drug dealing zones. Crack has become such a chronic problem that it has literally devastated some neighborhoods.

A study conducted by the RAND Corporation revealed that in Washington, DC, the average "dealer" earns $24,000/year, tax-free, while holding a second legitimate job during the day. Although dealing drugs is not as profitable as previously reported, the options for discouraging current dealers are very limited. Even higher paying, legitimate jobs can't compete with earnings made on the streets.(18)

The relationship between Acquired Immune Deficiency Syndrome (AIDS) and intravenous drug use is well established. AIDS-infected drug users are the primary transmitters of the disease within the heterosexual community. Women now account for 10 percent of all AIDS patients, and 11 percent of new AIDS cases. In May 1990, 70 percent of these women were either intravenous drug users themselves or had sexual partners who were.(19) Seventy percent of all babies born with AIDS are the children of parents who injected drugs.(20)

The earlier youth begin to use, the more likely they are to continue and escalate their drug use.(21) Many children start with alcohol or tobacco and then "graduate" to alcohol dependence and to using marijuana, amphetamines, cocaine, or other illicit drugs. Or, they start with alcohol and marijuana and then go on to crack or PCP.

Alcohol use by youth is widely tolerated in many communities. According to the National Institute on Drug Abuse (NIDA) Household Survey, 30 percent of boys and 22 percent of girls consider themselves drinkers by age 13. Most AOD use patterns are established before age 25.(22) The use of cigarettes, alcohol, or illicit drugs (except for cocaine, heroin, and abused prescription drugs) is rarely initiated after age 25.

According to recent studies, children and teenagers today consider themselves to be under a great deal of pressure and are far more concerned about their health than most adults believe. Study results show that most adolescents who consistently use alcohol and other drugs lack social and peer resistance skills and have less than optimal bonds with their families, schools, and communities.(23) They often want desperately to belong, even to the extent of doing things that go against their better judgement.

Factors that promote nonuse include involvement in family life, school activities, and community service. New organizations like Youth as Resources, which focus on youth as a resource rather than as a source of problems, have found that adolescents feel more confident, competent, and needed and begin to discover their leadership qualities through community action. Host agencies are also positively affected, which is what is needed to decrease AOD problems in our communities.

Appendix B

The Effects of Alcohol and Other Drugs

Alcohol

Alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits. There are many kinds of alcohol; the kind found in alcoholic beverages is ethyl alcohol. Whether one drinks a 12-ounce can of beer, a shot of distilled spirits, or a 5-ounce glass of wine, the amount of pure alcohol per drink is about the same—.5 ounce. Ethyl alcohol can produce feelings of well-being, sedation, intoxication, or unconsciousness, depending on the amount and the manner in which it is consumed.

Alcohol is a psychoactive or mind-altering drug, as are heroin and tranquilizers. It can alter moods, cause changes in the body, and become habit forming. Alcohol is called a "downer" because it depresses the central nervous system. That's why drinking too much causes slowed reactions, slurred speech, and sometimes even unconsciousness (passing out). Alcohol works first on the part of the brain that controls inhibitions. As people loose their inhibitions, they may talk more, get rowdy, and do foolish things. After several drinks they may feel "high," but their nervous systems actually are slowing down.

A person does not have to be an alcoholic to have problems with alcohol. Every year, for example, many young people lose their lives in alcohol-related automobile crashes, drownings, and suicides. Serious health problems can and do occur before drinkers reach the stage of addiction or chronic use.

In some studies, more than 25 percent of hospital admissions were alcohol-related. Some of the serious diseases associated with chronic alcohol use are alcoholism and cancers of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse also can lead to serious physical problems such as

- Damage to the brain, pancreas, and kidneys;
- High blood pressure, heart attacks, and strokes;
- Alcoholic hepatitis and cirrhosis of the liver;

- Stomach and duodenal ulcers, colitis, and irritable colon;
- Impotence and infertility;
- Birth defects and Fetal Alcohol Syndrome, which causes retardation, low birth weight, small head size, and limb abnormalities;
- Premature aging; and
- A host of other disorders, such as diminished immunity to disease, sleep disturbances, muscle cramps, and edema.

Marijuana

Contrary to many young people's beliefs, marijuana is a harmful drug, especially since the potency of the marijuana now available has increased more than 275 percent over the last decade. For those who smoke marijuana now, the dangers are much more serious than they were in the 1960s.

Preliminary studies have shown chronic lung disease in some marijuana users. There are more known cancer-causing agents in marijuana smoke than in cigarette smoke. In fact, because marijuana smokers try to hold the smoke in their lungs as long as possible, one marijuana cigarette can be as damaging to the lungs as four tobacco cigarettes.

New studies using animals also show that marijuana interferes with the body's immune response to various infections and diseases. This finding may have special implications for those infected with the Acquired Immune Deficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV). Drugs like marijuana that weaken the immune system may exacerbate the condition of people infected with this virus.

Even small doses of marijuana can impair memory function, distort perception, hamper judgment, and diminish motor skills. Health effects also include accelerated heartbeat and, in some persons, increased blood pressure. The changes pose health risks for anyone, but particularly for people with abnormal heart and circulatory conditions such as high blood pressure and hardening of the arteries.

More importantly, there is increasing concern about how marijuana use by children and adolescents may affect both their short- and long-term development. Mood changes occur with the first use. Observers in clinical settings have noted increased apathy, loss of ambition, loss of effectiveness, diminished ability to carry out long-term plans, difficulty in concentrating, and a decline in school or work performance. Many teenagers who end up in drug treatment programs started using marijuana at an early age.

Driving under the influence of marijuana is especially dangerous. Marijuana impairs driving skills for at least 4 to 6 hours after smoking a single cigarette. When marijuana is used in combination with alcohol, driving skills become even more impaired.

Cocaine

Cocaine is one of the most powerfully addictive of the drugs of abuse—and it is a drug that can kill. No individual can predict whether he or she will become addicted or whether the next dose of cocaine will prove fatal. Cocaine can be snorted through the nose, smoked, or injected. Injecting cocaine—or injecting any drug—carries the added risk of contracting AIDS if the user shares a needle with a person already infected with HIV, the AIDS virus.

Cocaine is a very strong stimulant to the central nervous system, including the brain. The drug accelerates the heart rate and at the same time constricts the blood vessels, which are trying to handle the additional flow of blood. Pupils dilate and temperature and blood pressure rise. These physical changes may be accompanied by seizures, cardiac arrest, respiratory arrest, or stroke.

Nasal problems, including congestion and a runny nose, occur with cocaine use, and with prolonged use the mucous membrane of the nose may disintegrate. Heavy cocaine use can severely damage the nasal septum and cause it to collapse.

Research has shown that cocaine acts directly on structures that have been called the brain's "pleasure centers." Stimulating these pleasure centers produces an intense desire to experience the pleasure effects again and again. The stimulation causes changes in brain activity; as a result, a brain chemical called dopamine is allowed to remain active longer than normal, which triggers an intense craving for more of the drug.

Users often report feelings of restlessness, irritability, and anxiety; and cocaine can trigger paranoia. Users also report being depressed when they are not using the drug and often resume use to alleviate further depression. In addition, cocaine users frequently find that they need increasingly more cocaine more often to generate the same level of stimulation. Therefore, any use can lead to addiction.

"Freebase" is a form of cocaine that is smoked. It is produced by a chemical process in which "street cocaine" (cocaine hydrochloride) is converted to a pure base by removing the hydrochloride salt and some of the "cutting" agents. The end product is not water soluble, so the only way to get it into the system is to smoke it.

"Freebasing" is extremely dangerous. The cocaine reaches the brain in seconds, creating a sudden and intense high. However, the euphoria quickly disappears, leaving the user with an enormous craving to freebase again and again. The user usually increases the dose and the frequency to satisfy this craving, resulting in addiction and physical debilitation.

"Crack" is the street name given to a type of freebase cocaine that comes in the form of small lumps or shavings. The term "crack" refers to the crackling sound made when the mixture is smoked (heated). Smoking "crack" is very dangerous, since it produces the same debilitating effects as "freebasing" cocaine. Crack has become a major problem in many American cities because it is cheap—selling for between $5 and $10 for one or two doses—and easily transportable—being sold in small vials, folding paper, or tinfoil.

PCP

PCP is a hallucinogenic drug, meaning that it alters sensation, mood, and consciousness and may distort hearing, touch, smell, taste, and visual sensation. It is legitimately used as an anesthetic for animals. When used by humans, PCP induces a profound departure from reality, which leaves the user capable of bizarre behavior and severe disorientation. These PCP-induced effects may lead to serious injuries or death.

PCP produces feelings of mental depression in some individuals. When PCP is used regularly, memory, perception functions, concentration, and judgment are often disturbed. Chronic PCP use may lead to permanent changes in cognitive ability (thinking), memory, and fine motor function.

Mothers using PCP during pregnancy often deliver babies who have visual, auditory, and motor disturbances. These babies also may have sudden outbursts of agitation and other rapid changes in awareness similar to the responses of adults intoxicated with PCP.

Heroin

Heroin is an illegal opiate drug. Its addictive properties are manifested by persistent, repeated use of the drug (craving) and by the fact that attempts to stop using the drug lead to significant and painful physical withdrawal symptoms. Heroin use causes physical and psychological problems such as shallow breathing, nausea, panic, insomnia, and a need for increasingly higher doses of the drug to get the same effect.

Heroin exerts its primary addictive effect by activating many regions of the brain. The brain regions affected are responsible for producing both the pleasurable sensation of "reward" and physical dependence. Together, these actions account for the user's loss of control and the drug's habit-forming action.

Heroin is a drug that is primarily taken by injection (a shot) with a needle in the vein. This intravenous (IV) injection can have grave consequences. Uncertain dosage levels (due to differences in purity), unsterile equipment, contamination with cutting agents, or heroin use in combination with other drugs such as alcohol or cocaine can cause serious health problems including serum hepatitis, skin abscesses, inflammation of the veins, and cardiac disease (subacute bacterial endocarditis).

The user never knows whether the next dose will be unusually potent and lead to overdose, coma, and possibly death. Of all illegal drugs, heroin is responsible for the most deaths.

Needle sharing by IV drug users is fast becoming the leading cause of new AIDS cases. It is conservatively estimated that one in six persons with AIDS probably acquired the virus through needle sharing. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug-related implements and is injected into the new victim when he or she uses this equipment to inject heroin or other drugs. There is no cure for AIDS and no proven vaccine to prevent it.

Heroin use during pregnancy is associated with stillbirths and miscarriages. Babies born addicted to heroin must undergo withdrawal after birth and show a number of developmental problems.

The signs and symptoms of heroin use include euphoria, drowsiness, respiratory depression (which can progress until breathing stops), constricted pupils, and nausea. Withdrawal symptoms include watery eyes, runny nose, yawning, loss of appetite, tremors, panic, chills, sweating, nausea, muscle cramps, and insomnia. Elevations in blood pressure, pulse, respiratory rate, and temperature occur as withdrawal progresses. Symptoms of a heroin overdose include shallow breathing, pinpoint pupils, clammy skin, convulsions, and coma.

"Designer Drugs"

By modifying the chemical structure of certain drugs, underground chemists have been able to create what are called "designer drugs"—a label that incorrectly glamorizes them. They are, in fact, analogs of illegal substances. Frequently, these drugs can be much more potent than the original substances, and can therefore produce much more toxic effects. Health officials are increasingly concerned about "ecstasy," a drug in the amphetamine family that, according to some users, produces an initial state of disorientation followed by a rush and then a mellow, sociable feeling. We now know, however, that it also kills certain kinds of brain cells. These "designer drugs" are extremely dangerous.

Appendix C

Referral Sources

Federal Agencies

ACTION
Drug Prevention Program
1100 Vermont Avenue, NW
Washington, DC 20525
(202) 634-9380

Alcohol, Drug Abuse, and Mental Health Administration
5600 Fishers Lane
Room 12-105
Rockville, MD 20857
(301) 443-4797

Department of Education
Drug Planning and Outreach
Washington, DC 20202-0120
(202) 401-3030

Food and Drug Administration
CDER-Executive Secretariat Staff (HFD-8)
5600 Fishers Lane
Rockville, MD 20857
(301) 295-8012

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
Room 14C-17
Rockville, MD 20857
(301) 443-2954

National Institute on Drug Abuse
5600 Fishers Lane
Room 10-A03
Rockville, MD 20857
(301) 443-4577

Office of the Assistant Secretary of Defense
Health Affairs
Room 3D-360, Pentagon
Washington, DC 20301-1200
(703) 695-4964

Office for Substance Abuse Prevention
5600 Fishers Lane
Rockwall II, Room 9A-54
Rockville, MD 20857
(301) 443-0365

U.S. Congress
House Select Committee on Narcotics Abuse and Control
H2-234 House Annex 2
Washington, DC 20515
(202) 226-3040

U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201
(202) 245-6296

U.S. Department of Justice
Drug Enforcement Administration
Prevention Program Coordinator
Washington, DC 20537
(202) 307-7363

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 7th Street, SW
Washington, DC 20590
(202) 366-1836

U.S. Senate
Subcommittee on Children
Committee on Labor and Human Resources
Hart Senate Office Building
Room 639
Washington, DC 20510
(202) 224-5630

Private Organizations, Civic Groups, Religious Organizations

Adult Children of Alcoholics (ACoA)
P.O. Box 3216
Torrance, CA 90505
(213) 534-1815

Al-Anon Family Groups
P.O. Box 862
Midtown Station
New York, NY 10018
(212) 302-7240
1 (800) 344-2666

Alcohol and Drug Problems Association of North America
1400 Eye Street, NW
Suite 1275
Washington, DC 20005
(202) 289-6755

Alcoholics Anonymous (AA)
15 E. 26th Street, Rm 1810
New York, NY 10010
(212) 683-3900

American Council for Drug Education
204 Monroe Street
Suite 110
Rockville, MD 20850
(301) 294-0600
1 (800) 488-DRUG

Center for Education in Maternal and Child Health
38th and R Streets, NW
Washington, DC 20057
(202) 625-8400

The Chemical People
1 Allegheny Square
Suite 720
Pittsburgh, PA 15212
(412) 391-0900

Coalition of Hispanic Health and Human Services Organizations (COSSMHO)
1030 15th Street, NW
Suite 1053
Washington, DC 20005
(202) 371-2100

CoAnon Family Groups
P.O. Box 64742-66
Los Angeles, CA 90064
(213) 859-2206

Cocaine Anonymous (CA)
3740 Overland Avenue
Suite G
Los Angeles, CA 90034
1 (800) 347-8998
(213) 559-5833

Employee Assistance Professional Association (EAPA)
4601 N. Fairfax, Suite 1001
Arlington, VA 22203
(703) 522-6272

Families Anonymous, Inc.
P.O. Box 528
Van Nuys, CA 91408
(818) 989-7841

Institute on Black Chemical Abuse
2616 Nicollet Avenue
Minneapolis, MN 55408
(612) 871-7878

Just Say No Foundation
1777 North California Blvd.
Room 210
Walnut Creek, CA 94596
(415) 939-6666

Mothers Against Drunk Driving
511 E. John Carpenter Freeway
Suite 700
Irving, TX 75062
(214) 744-6233

Nar-Anon Family Groups
P.O. Box 2562
Palos Verdes Peninsula, CA 90274
(213) 547-5800

Narcotics Anonymous (NA)
P.O. Box 9999
Van Nuys, CA 91409
(818) 780-3951

National Asian Pacific American Families Against Drug Abuse
6303 Friendship Court
Bethesda, MD 20817
(301) 530-0945

National Association for Children of Alcoholics (NACoA)
31582 Coast Highway
Suite B
South Laguna, CA 92677
(714) 499-3889

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, NW
Suite 642
Washington, DC 20001
(202) 783-6868

National Black Alcoholism and Addictions Council (NBAC)
1629 K Street, NW
Suite 802
Washington, DC 20006
(202) 296-2696

National Council on Alcoholism
12 West 21st Street
7th Floor
New York, NY 10010
(212) 206-6770

National Families in Action
2296 Henderson Mill Road
Suite 204
Atlanta, GA 30345
(404) 934-6364

National Federation of Parents for Drug-Free Youth
9551 Big Bend
St. Louis, MO 63122
(314) 968-1322

The National PTA
700 North Rush Street
Chicago, IL 60611
(312) 787-0977

National Prevention Network
444 North Capitol Street, NW
Suite 642
Washington, DC 20001
(202) 783-6868

National Safety Council
444 North Michigan
Chicago, IL 60611
(312) 527-4800

Parent Resource Institute for Drug Education (PRIDE)
50 Hurt Plaza, Suite 210
Atlanta, GA 30303
(404) 577-4500

Quest International
537 Jones Road
P.O. Box 566
Granville, OH 43023
(614) 587-2800

Scott Newman Center (Preventing Drug Abuse Through Education)
6255 Sunset Boulevard
Suite 1906
Los Angeles, CA 90028
(213) 469-2029

Toughlove
P.O. Box 1069
Doylestown, PA 18901
(215) 348-7090

Women for Sobriety
P.O. Box 618
Quakertown, PA 18951
(215) 536-8026

Clearinghouses

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20850
(301) 251-5500

National Clearinghouse for Primary Care Information
8201 Greensboro Drive
Suite 600
McLean, VA 22102
(703) 821-8955

Toll-free Information and Referral Services

National Institute on Drug Abuse
1-800-662-HELP

Cocaine Helpline
1-800-COCAINE

U.S. Department of Education
Schools Without Drugs
1-800-624-0100

The Just Say No Foundation
1-800-258-2766
in California
(415) 939-6666

National Clearinghouse for Alcohol and Drug Information
1-800-729-6686

Al-Anon
1-800-344-2666

End Notes

(1) U.S. Department of Health and Human Services Press Release, Statement by Secretary of Health and Human Services, Louis W. Sullivan, M.D., February 13, 1990.

(2) PRIDE (Parents' Resource Institute for Drug Education), 50 Hurt Plaza, Suite 210, Atlanta, GA 30303 (404) 577-4500.

(3) Project Graduation Coordinator, National Highway Traffic Safety Administration, U.S. Department of Transportation, 400 Seventh Street, SW, NTS-21, Washington, DC 20590.

(4) National Institute on Alcohol Abuse and Alcoholism. Seventh Special Report to the U.S. Congress on Alcohol and Health, DHHS Pub. No. ADM-281-88-0002, Jan. 1990.

(5) PRIDE, op. cit..

(6) Ten Steps to Help Your Child Say No, A Leaders Guide, DHHS Pub. No. (ADM)88-1418, Printed 1986, Reprinted 1988.

(7) Jan Boswell, Director Drug Free School Zones Project, 550 12th St. SW, Washington, DC 20065.

(8) Project Graduation Coordinator, National Highway Traffic Safety Administration, U.S. Department of Transportation, 400 Seventh Street, SW, NTS-21, Washington, DC 20590

(9) PRIDE (Parents' Resource Institute for Drug Education), 50 Hurt Plaza, Suite 210, Atlanta, GA 30303 (404) 577-4500.

(10) Prevention Plus II, Tools for Creating and Sustaining Drug-Free Communities, DHHS Pub. No. (ADM)89-1649, Printed 1989.

(11) Hawkins, J.D.; Lishner, D.M.; Catalano, R.F.; and Howard, M.O. Childhood Predictors of Adolescent Substance Abuse: Toward an Empirically Grounded Theory. Journal of Children in Contemporary Society 18(1/2):11-48, 1985.

(12) Johnston, L.D.; O'Malley, P.M.; and Bachman, J.G. National Institute on Drug Abuse. Drug Use, Drinking, and Smoking: National Survey Results from High School, College and Young Adult Populations, DHHS Pub. No. (ADM)89-1638. 1989.

(13) Media statement delivered by Dr. Lloyd D. Johnston of the University of Michigan at a national news conference in the offices of the Secretary of Health and Human Services, January 13, 1988.

(14) Williams, A.F.; Peat, M.A.; Crough, D.J.; Wells, J.K.; and Finkle, B.S. Drugs in Fatally Injured Young Male Drivers. Public Health Reports 100(1):1985.

(15) Secretary's Task Force: Youth and Suicide ADAMHA News XI(7):1-2, 1989.

(16) ADAMHA News, Fifteenth Anniversary Issue, 1974-1989, Youth and Suicide.

(17) RAND Press Release. July 10, 1990. The Rand Corporation, 1700 Main Street, P.O. Box 2138, Santa Monica, CA 90406-2138.

(18) RAND News Release, July 10, 1990, the Rand Corporation, 1700 Main Street, P.O. Box 2138, Santa Monica, CA 90406-2138.

(19) Center for Disease Control. AIDS Monthly Surveillance Report-U.S. May 1990.

(20) Center for Disease Control. AIDS Monthly Surveillance Report-U.S., May 1990.

(21) Hawkins, J.D.; Lishner, D.M.; Catalano, R.F.; and Howard, M.O. Childhood Predictors of Adolescent Substance Abuse: Toward an Empirically Grounded Theory. Journal of Children in Contemporary Society 18(1/2);28-31, 1985.

(22) Yamaguchi, K., and Kandel, D.B. Patterns of Drug Use from Adolescence to Young Adulthood: Predictors of Progression. American Journal of Public Health 74(4):673-681, 1984.

(23) Jessor, R., and Jessor, S.L. Problem Behavior and Psychosocial Development. New York: Academic Press, 1977. Also noted in Kandel, D.B., Longitudinal Research on Drug Use: Empirical Findings and Methodological Issues. New York: John Wiley and Sons, 1978.